

METCOM EXCESS

SNOW REMOVAL APPLICATION

Named Insured: _____

Mailing Address: _____

Limit of Liability Desired: _____

of years in business: _____ # of years of experience _____

Prior Carrier & Premium: _____

Loss History (please attach 3 year loss currently valued loss runs):

What will you be plowing i.e parking lots, driveways: _____

Any plowing of streets/roads/highways? Y or N

Any plowing of mall or strip mall parking lots? Y or N

Any plowing of hospitals? Y or N Any plowing of nursing homes? Y or N

Any work in NY? Y or N Any cleaning of roof tops? Y or N

Auto Carrier: _____ Auto Limit*: _____

*Must be at least equal to the GL limit. Please attach copy of the insured's auto policy.

Gross receipts for snow plowing: _____

Estimated payroll for snow plowing: _____

of owners/partners: _____ # of employees _____

Any sub-contractors used? Y or N If yes, please provide annual cost _____

What other operations is the insured involved in? _____

Does the insured have coverage in force for other operations? Y* or N

*Please attach copy of the insured's policy

Applicant's signature _____ Date _____

Agent's signature _____ Date _____